



Planner

LIFE

GOAL PLANNER

YEAR:

QUARTER:

MONTH:

MOTIVATIONAL QUOTE

GOAL

DUE DATE

[illegible]

GOAL TIMELINE

GOALS	WHEN	ACTION STEPS

MY PRIORITIES

Task Name

Steps to take

01

02

03

04

05

DAILY PLANNER

TOP PRIORITIES

1	
2	
3	
4	

APPOINTMENTS

1	
2	
3	
4	

TODAY'S TO DO

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TOMORROW TO DO

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NOTES

DOODLE

WEEKLY PLANNER

MONDAY

GOAL

1

2

3

TUESDAY

WEDNESDAY

TO DO LIST

THURSDAY

FRIDAY

NOTES

SATURDAY

SUNDAY

MONTHLY PLANNER

MONTH OF :

WEEK 01

WEEK 02

WEEK 03

WEEK 04

MONTH

MON

TUE

WED

THU

FRI

SAT

SUN

MONTH AT GLANCE

MONTH :

SUN	MON	TUES	WED	THURS	FRI	SAT

MONTH GOALS

-
-
-
-
-

NOTES

YEARLY PLANNER

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

YEARLY PLANNER

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

YEAR AT GLANCE

YEAR : _____

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

PRIORITY MATRIX

IMPORTANT	<i>Do Now</i>	<i>Do Later</i>
	<i>Delegate</i>	<i>Delete</i>

NOTES

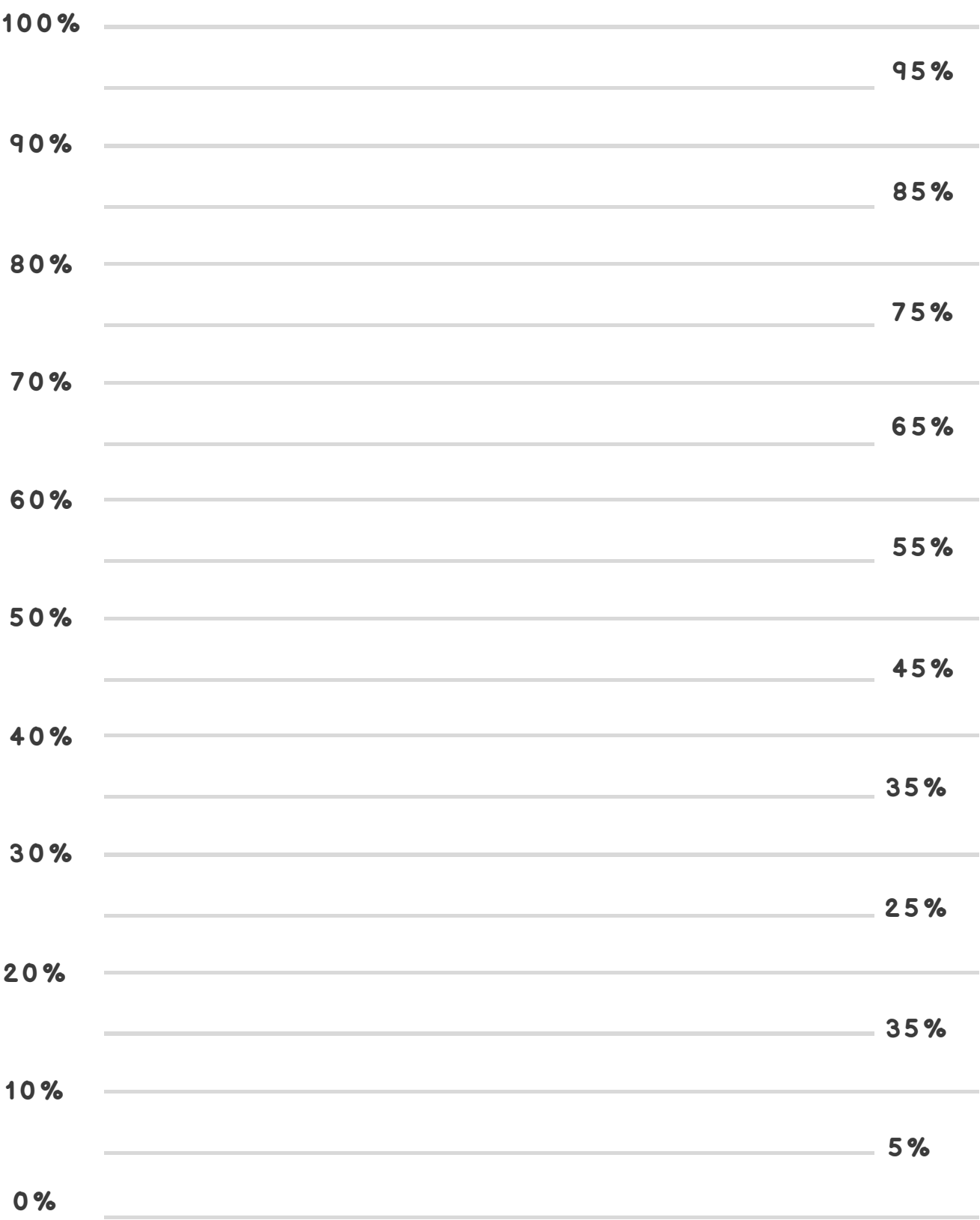
BILL TRACKER

MONTH OF

YEAR

[illegible]

SAVINGS TRACKER



INCOME TRACKER

[illegible]

EXPENSES TRACKER

MONTH

FINANCE CALENDAR

MONTH OF		YEAR					
MON	TUE	WED	THU	FRI	SAT	SUN	

MONTHLY BUDGET

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

SOURCH OF INCOME	AMOUNT
01	
02	
03	
TOTAL	

PERSONAL	BUDGET	SPENT
ENTERTAINMENT		
CLOTHING		
COSMETIKS		
LIFE INSURANCE		
OTHER		
TOTAL		

UTILITIES	BUDGET	SPENT
ELECTRIC		
GAS		
TRASH		
INTERNET		
PHONE		
TOTAL		

HOME	BUDGET	SPENT
RENT MORTGAGE		
TAXES		
INSURANCE		
REPAIRS		
TOTAL		

TRANSPORTATION	BUDGET	SPENT
CAR PAYMENT		
CAR INSURANCE		
GAS		
MAINTENANCE		
TOTAL		

DEBTS	BUDGET	SPENT
CREDIT CARD		
OTHER		
TOTAL		

FOOD	BUDGET	SPENT
GROCERIES		
EATING OUT		
TOTAL		

MISC	BUDGET	SPENT

CHECKING SAVINGS ACCOUNT			
ACCOUNT	STARTING	GOAL	ENDING

	BUDGET	ACTUAL	DIFFERENCE
TOTAL INCOME			
TOTAL EXPENSES			
TOTAL SAVINGS			

SPENDING TRACKER

Weeks	Amount	Total	Weeks	Amount	Total
01			27		
02			28		
03			29		
04			30		
05			31		
06			32		
07			33		
08			34		
09			35		
10			36		
11			37		
12			38		
13			39		
14			40		
15			41		
16			42		
17			43		
18			44		
19			45		
20			46		
21			47		
22			48		
23			49		
24			50		
25			51		
26			52		

Amount Spend:

Total Spend:

NO SPEND CHALLENGE

MONTH _____

01	02	03	04	05	06
07	08	09	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

Exceptions

Stats

Reflections

SHOPPING LIST

DATE:

NOTES

SUBSCRIPTION LIST

BUCKET LIST

GROCERIES LIST

MONTH:

WEEK:

[illegible][illegible][illegible][illegible][illegible][illegible]

MEAL PLANNER

Date: _____

	Breakfast	Snack	Lunch	Dinner
MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				

HEALTHY RECIPE

DATE:

Name:

Prep Time:

Cooking Time:

Servings:

Ingredients

Rating:

[illegible]

Instructions

ROUTINE TRACKER

DATE _____

MORNING

M	T	W	T	F	S	S
☐	☐	☐	☐	☐	☐	☐
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☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐

FROM _____

TO _____

AFTER NOON

M	T	W	T	F	S	S
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐

FROM _____

TO _____

EVENING

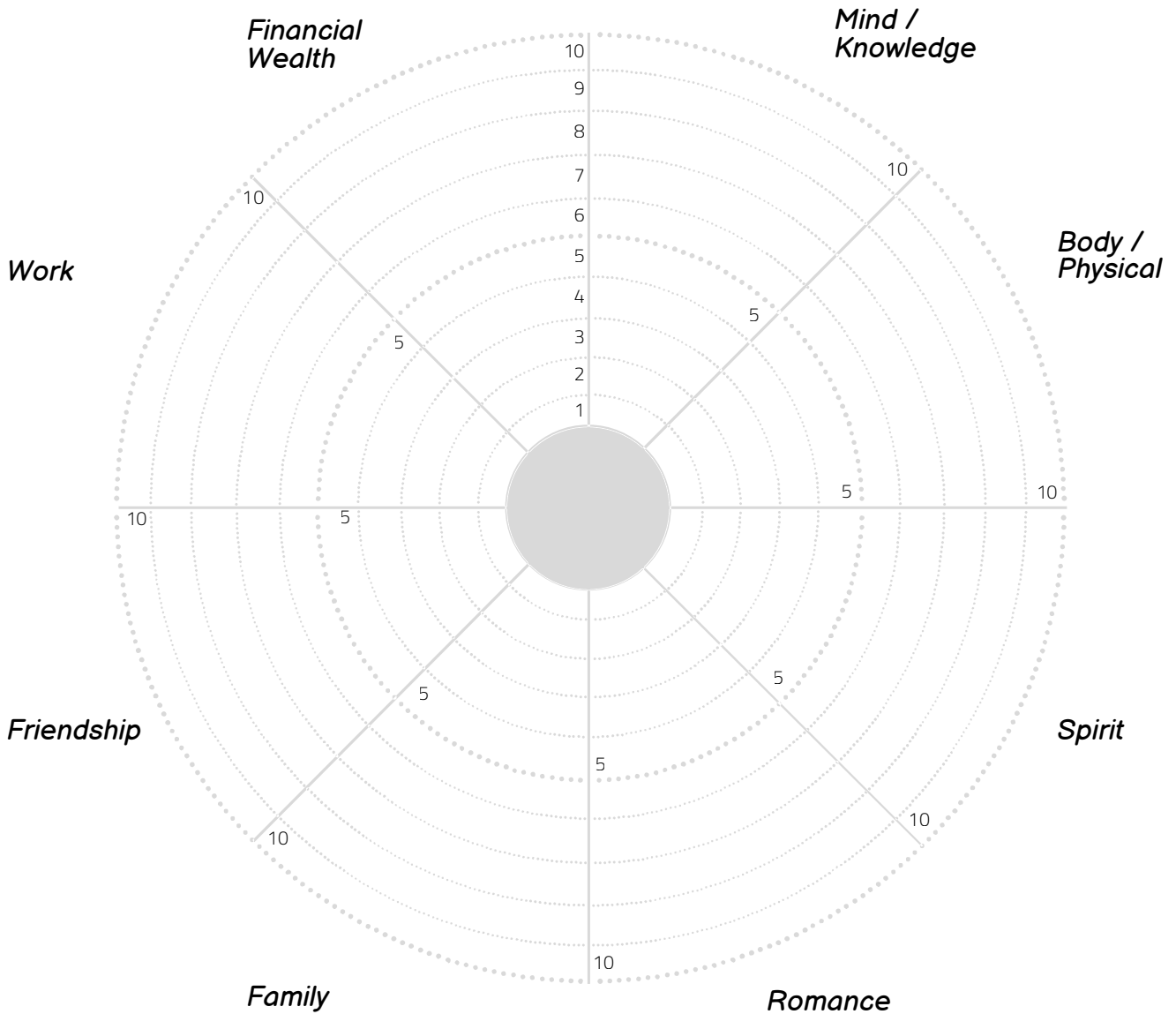
M	T	W	T	F	S	S
☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐
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☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐
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FROM _____

TO _____

WHEEL OF LIFE

MONTH _____



NOTES

WHEEL OF LIFE

Career

Finance

Friends

Love

Personal Growth

Health

Leisure

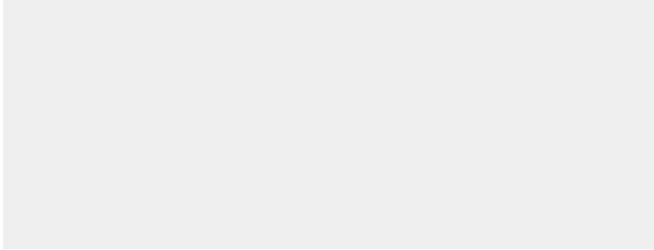
Home

SELF CARE PLANNER

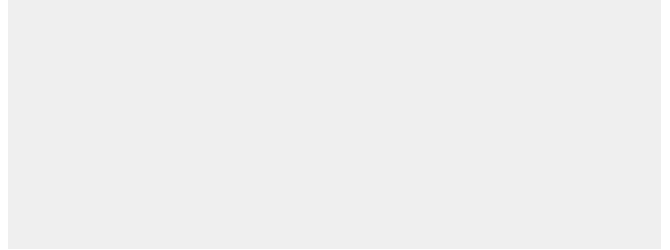
[illegible][illegible][illegible]

VISION BOARD

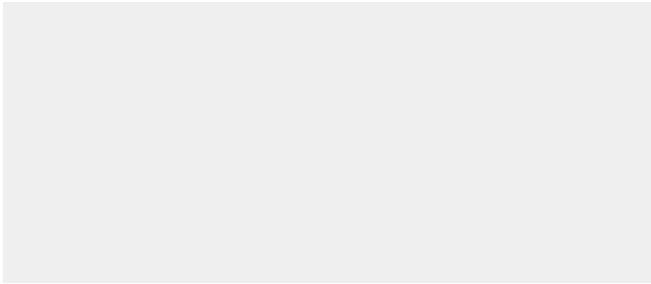
WHAT I'D LIKE TO ATTRACT



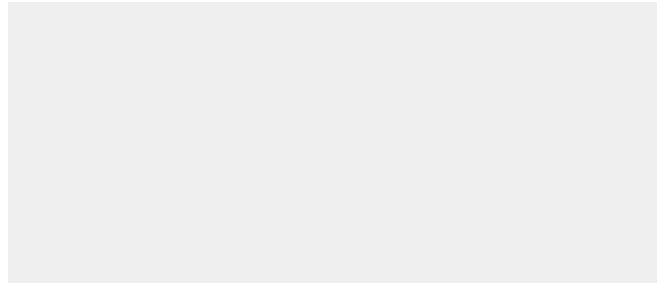
SPIRITUALITY



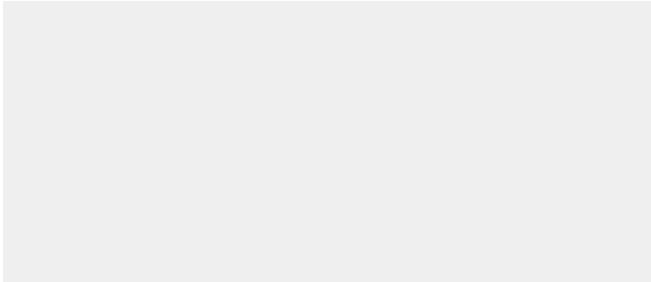
PHYSICAL HEALTH



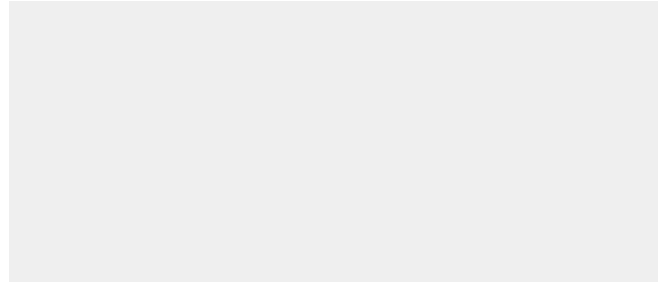
SELF LOVE



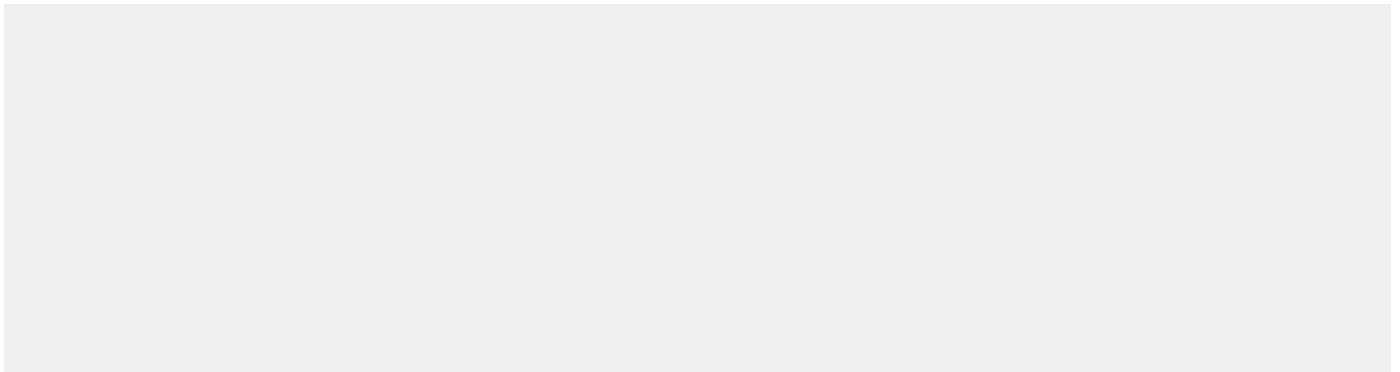
MY FAMILY



MONEY MINDSET



MY BIG GOAL



HABIT TRACKER

MONTH _____

HABIT:						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

HABIT:						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

HABIT:						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

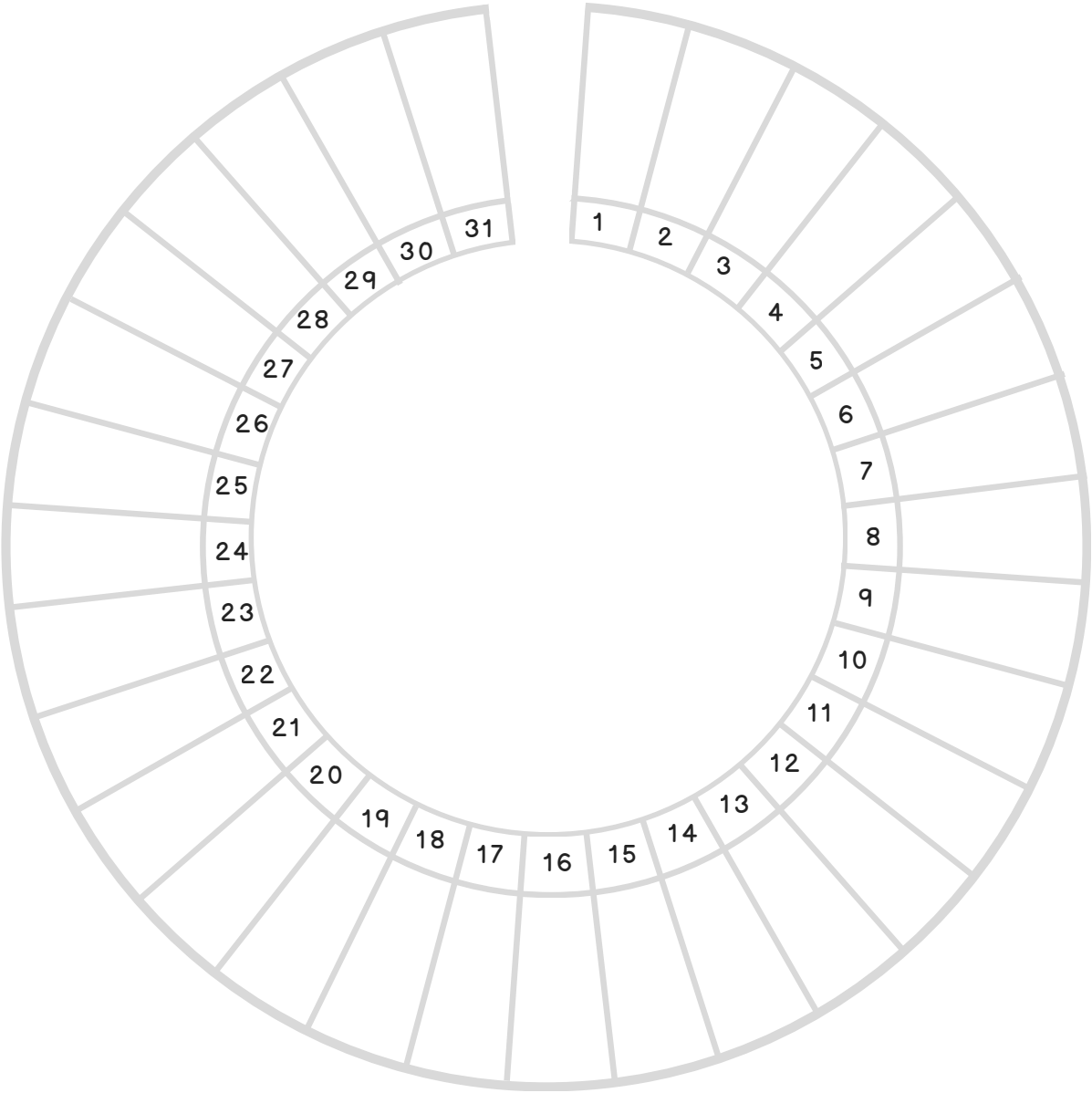
HABIT:						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

HABIT:						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

HABIT:						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

MOOD TRACKER

MONTH _____



NEUTRAL	TIRED	STRESSED	
GRUMPY	SICK	SAD	
RELAXED	HAPPY	ANGRY	

SLEEP TRACKER

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	TOTAL											
1	8	9	10	11	12	13	14	15	16	17	18	
2	8	9	10	11	12	13	14	15	16	17	18	
3	8	9	10	11	12	13	14	15	16	17	18	
4	8	9	10	11	12	13	14	15	16	17	18	
5	8	9	10	11	12	13	14	15	16	17	18	
6	8	9	10	11	12	13	14	15	16	17	18	
7	8	9	10	11	12	13	14	15	16	17	18	
8	8	9	10	11	12	13	14	15	16	17	18	
9	8	9	10	11	12	13	14	15	16	17	18	
10	8	9	10	11	12	13	14	15	16	17	18	
11	8	9	10	11	12	13	14	15	16	17	18	
12	8	9	10	11	12	13	14	15	16	17	18	
13	8	9	10	11	12	13	14	15	16	17	18	
14	8	9	10	11	12	13	14	15	16	17	18	
15	8	9	10	11	12	13	14	15	16	17	18	
16	8	9	10	11	12	13	14	15	16	17	18	
17	8	9	10	11	12	13	14	15	16	17	18	
18	8	9	10	11	12	13	14	15	16	17	18	
19	8	9	10	11	12	13	14	15	16	17	18	
20	8	9	10	11	12	13	14	15	16	17	18	
21	8	9	10	11	12	13	14	15	16	17	18	
22	8	9	10	11	12	13	14	15	16	17	18	
23	8	9	10	11	12	13	14	15	16	17	18	
24	8	9	10	11	12	13	14	15	16	17	18	
25	8	9	10	11	12	13	14	15	16	17	18	
26	8	9	10	11	12	13	14	15	16	17	18	
27	8	9	10	11	12	13	14	15	16	17	18	
28	8	9	10	11	12	13	14	15	16	17	18	
29	8	9	10	11	12	13	14	15	16	17	18	
30	8	9	10	11	12	13	14	15	16	17	18	
31	8	9	10	11	12	13	14	15	16	17	18	

PERIOD TRACKER

MONTH

KEY: ☐ HEAVY ☐ NORMAL ☐ LIGHT ☐ SPOTTING

JANUARY

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FEBRUARY

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MARCH

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APRIL

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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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NOVEMBER

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DECEMBER

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31

READING TRACKER

NAME		GOAL	BOOKS / MINUTES	
DAY	BOOK TITLE		MINUTES	TOTAL
1				
2				
3				
4				
5				
6				
7				
8				
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20				
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23				
24				
25				
26				
27				
28				
29				
30				
TOTAL MINUTES READ				
TOTAL NUMBER OF BOOKS				

FAVOURITE MOVIES

1

2

3

4

5

6

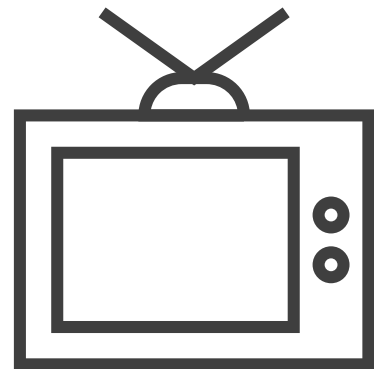
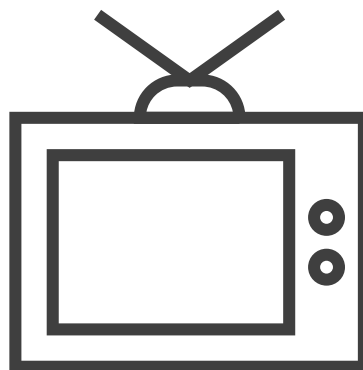
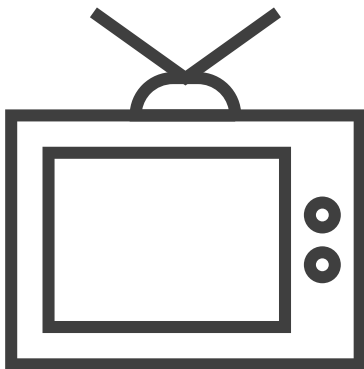
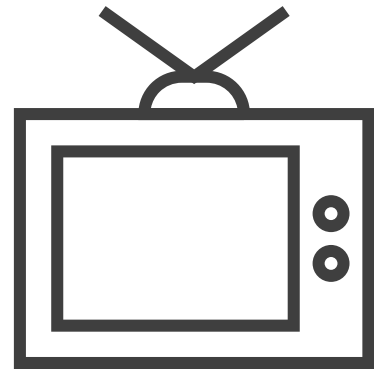
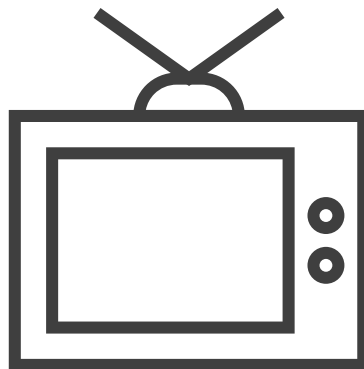
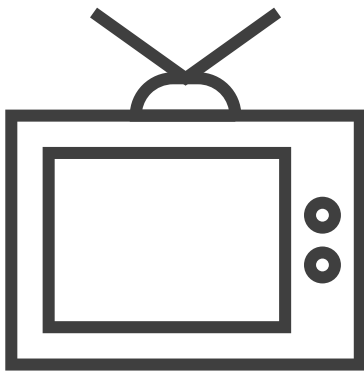
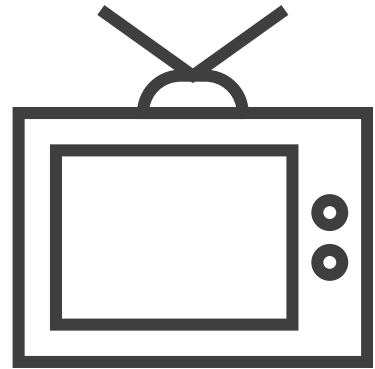
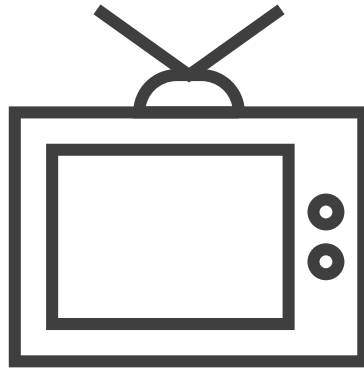
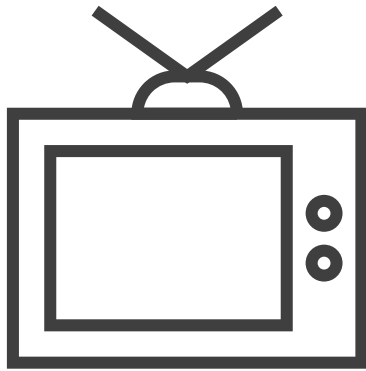
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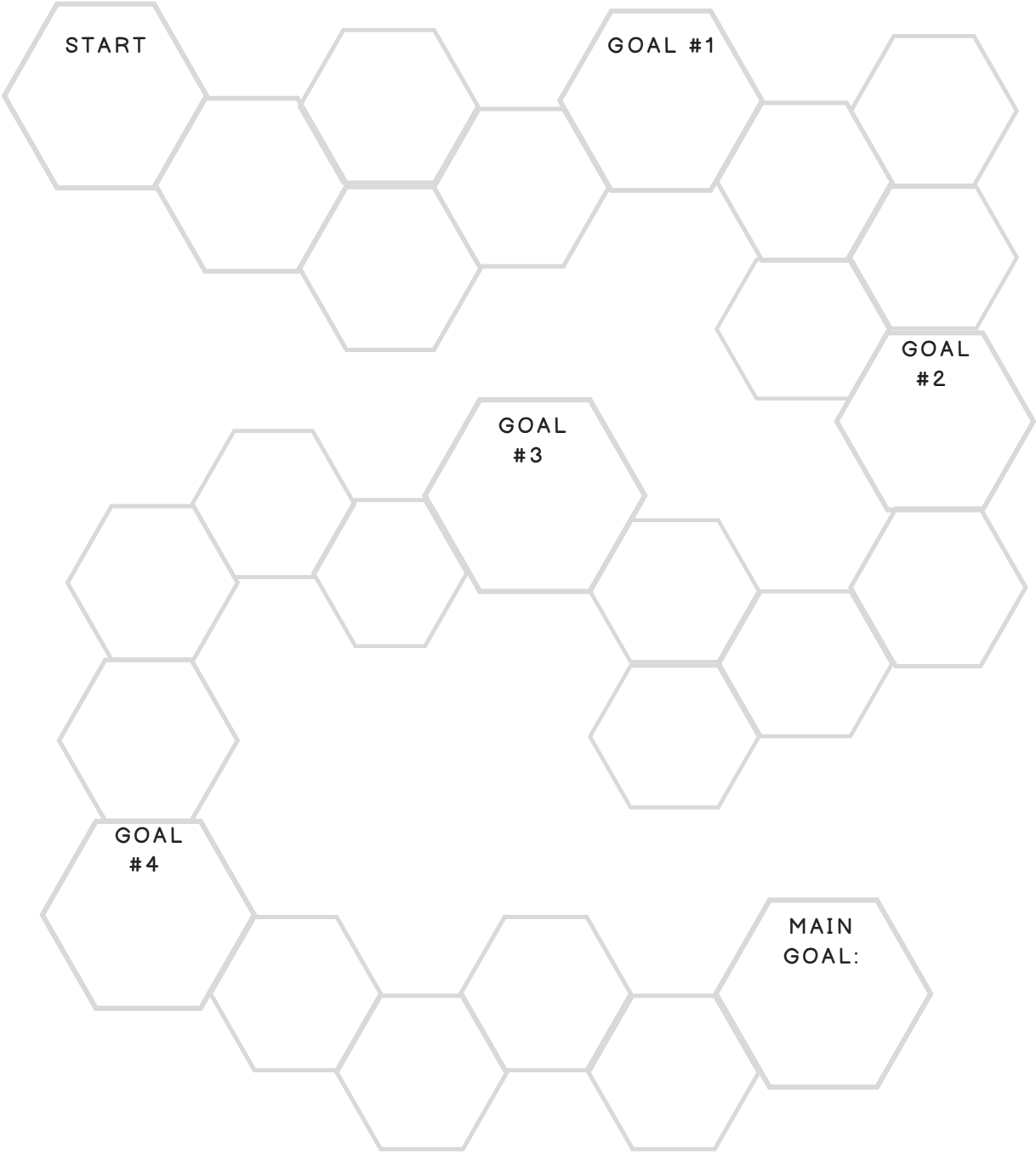
10

FAVOURITE TV SHOWS



WEIGHT LOSS TRACKER

MONTH _____



GOALS	#1	REWARDS	
	#2		
	#3		
	#4		
	MAIN:		

WORKOUT PLANNER

WEEK _____

MONDAY	
Planned Workout	Actual Workout
TUESDAY	
Planned Workout	Actual Workout
WEDNESDAY	
Planned Workout	Actual Workout
THURSDAY	
Planned Workout	Actual Workout
FRIDAY	
Planned Workout	Actual Workout
SATURDAY	
Planned Workout	Actual Workout
SUNDAY	
Planned Workout	Actual Workout

WEIGHT LOSS GOALS

Start Date:	Target Date:
-------------	--------------

Goal: _____ _____ _____ _____	Why: _____ _____ _____ _____
---	--

Measurements:

	Weight	Neck	Chest	Waist	Hips	Thighs	Bust	Biceps
Start								
After								

Actions to Achieve Goal:

[illegible]

Rewards:

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, leaving margins at the top and bottom. There are no vertical margin lines or other markings on the page.

30 DAYS STEPS TRACKER

DATE: _____

GOAL

DAY 01

DAY 02

DAY 03

DAY 04

DAY 05

DAY 06

DAY 07

DAY 08

DAY 09

DAY 10

DAY 11

DAY 12

DAY 13

DAY 14

DAY 15

DAY 16

DAY 17

DAY 18

DAY 19

DAY 20

DAY 21

DAY 22

DAY 23

DAY 24

DAY 25

DAY 26

DAY 27

DAY 28

DAY 29

DAY 30

NOTES

YOGA LOG

TODAY'S DATE

MUSIC

POSITION/S	TIME	DONE
		☐
		☐
		☐
		☐
		☐
		☐

GOAL/S FOR TODAY'S YOGA SESSION

--

VITAMINS & MEDICATION

[illegible]

MEDICATION:	
FREQUENCY:	
DOSE:	
TIME:	
DATE:	

MEDICATION:	
FREQUENCY:	
DOSE:	
TIME:	
DATE:	

MEDICATION:	
FREQUENCY:	
DOSE:	
TIME:	
DATE:	

MEDICAL HISTORY

[illegible][illegible][illegible][illegible]

MORNING SAVERS ROUTINE

WEEK _____

	MON	TUE	WED	THU	FRI	SAT	SUN
S SILENCE	☐	☐	☐	☐	☐	☐	☐
A AFFIRMATIONS	☐	☐	☐	☐	☐	☐	☐
V VISUALIZATIONS	☐	☐	☐	☐	☐	☐	☐
E EXERCISE	☐	☐	☐	☐	☐	☐	☐
R READING	☐	☐	☐	☐	☐	☐	☐
S SCRIBING	☐	☐	☐	☐	☐	☐	☐

MY WHY

NOTES

EVENING ROUTINE

MORNING NEEDS

This image shows a single sheet of white paper with horizontal blue lines. On the left side, there are five circular binder holes. The paper is otherwise blank, with no text or markings.

EVENING NEEDS

This is a template for a single sheet of lined notebook paper. It features horizontal ruling lines spaced evenly down the page. On the left side, there are five circular punch holes, indicating it is designed to be part of a binder or folder. The entire sheet is enclosed in a rectangular border.[illegible]

SOUL STUFF

LETTER

MY BEST FRIENDS ARE

MY FAVOURITE SONGS

MY FAVOURITE TV SHOW

MY FAVOURITE BOOK

MY FEARS

GRATITUDE TRACKER

MONTH _____

The form features a circular scale on the left side, divided into 31 segments, each labeled with a number from 1 to 31. The numbers are arranged in a circular pattern, starting from the top left and moving clockwise. The segments are numbered 1 through 31, with the last few numbers (29, 30, 31) appearing at the bottom left. The rest of the form is a large rectangular area with diagonal lines, intended for writing notes or reflections.

ACTION BRAINSTORM

Stop Doing

Do Less

Keep Doing

Do More

Start Doing

MY RELATIONSHIPS

In this section, you'll be able to rate your current relationships to a scale of 1 to 10. In each box you'll be able to write down the current relationship and give it a rating. In addition write down what you're happy with and what needs improving & why is this relationship important to you How are these relationships supporting you in the life you're trying to build?

Relationship										Relationship									
01	02	03	04	05	06	07	08	09	10	01	02	03	04	05	06	07	08	09	10
What are you happy with & what to improve										What are you happy with & what to improve									

Relationship										Relationship									
01	02	03	04	05	06	07	08	09	10	01	02	03	04	05	06	07	08	09	10
What are you happy with & what to improve										What are you happy with & what to improve									

MY AFFIRMATIONS

In this part you'll write down positive affirmations that will have a positive impact on the aspects of your life you're trying to improve. A few important points: First, always write your affirmations in present tense using "I " pronoun. Second, use affirmative & positive words (avoid can't, won't, will not etc). For example "I'm full on energy and always take action", instead of "I'm not lazy". Third, it's important to build a habit of using these affirmations when you're doing the opposite of what you know you should be doing.

Relationships

ex. "I'm loving and giving in my relationships". "I'm in control of the people I let in my life"

Finance

ex. "I'm capable of creating my dream financial life through hard work and dedication"

Career

ex. "I'm always striving to develop myself professionally"

Health/Fitness

ex. "I'm in control of my physical fitness"

Love

ex. "I have people who love me"

DECLUTTERING PLAN

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

DISCARD LIST

[illegible]

DAILY CLEANING

DATE: _____

MORNING	
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐

EVENING	
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐

DAY	
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐

BEFORE BED	
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐
_____	☐

NOTES

WEEKLY CLEANING

ALL ROOMS

- ☐
- ☐
- ☐
- ☐
- ☐

- ☐
- ☐
- ☐
- ☐
- ☐

BEDROOM

- ☐
- ☐
- ☐
- ☐
- ☐

- ☐
- ☐
- ☐
- ☐
- ☐

LIVING ROOM

- ☐
- ☐
- ☐
- ☐
- ☐

- ☐
- ☐
- ☐
- ☐
- ☐

SEASONAL CLEANING

SPRING

○ ○ ○ ○ ○ ○ ○

SUMMER

○ ○ ○ ○ ○ ○ ○

SPRING

○ ○ ○ ○ ○ ○ ○ ○

SUMMER

○ ○ ○ ○ ○ ○ ○ ○

SPEED CLEANING

[illegible]

FIX, REPLACE, SELL

[illegible]

VACATION PLANNER

DESTINATION 1

Country		Region	
City		Average Temp.	
Language		Currency	
Must Visit		Must Experience	

DESTINATION 2

Country		Region	
City		Average Temp.	
Language		Currency	
Must Visit		Must Experience	

DESTINATION 3

Country		Region	
City		Average Temp.	
Language		Currency	
Must Visit		Must Experience	

PLACES TO VISIT

PRE-TRAVEL CHECKLIST

[illegible][illegible][illegible][illegible]

PACKING LIST

TRAVEL ITINERARY

CONTACT LIST

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
NOTES			

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
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NAME		COMPANY	
EMAIL		PHONE	
ADDRESS			
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NOTES